

FILED JUN 5 1957

STANDARD CERTIFICATE OF DEATH

State File No. 18137

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). a. STATE Missouri b. COUNTY Perry ✓			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Altenburg		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry Co. Memorial Hospital				e. STREET ADDRESS (If rural, give location) 0790			
3. NAME OF DECEASED (Type or Print)		a. (First) Sarah		b. (Middle) E.E.		c. (Last) Schmidt	
4. DATE OF DEATH		(Month) April		(Day) 24		(Year) 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 4, 1880	
9. AGE (in years last birthday) 76		10. MONTHS Days		11. BIRTHPLACE (City and State or Foreign Country) Altenburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ferdinand Mueller		13b. MOTHER'S MAIDEN NAME Amalia Theiss		14. NAME OF HUSBAND OR WIFE Ernst Schmidt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernst Schmidt Altenburg, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma tosis etiology unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2-3 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1999				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-1, 1956 to 4-24, 1957 that I last saw the deceased alive on 4-23, 1957 and that death occurred at 6:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. G. Fairchild, M.D. (Degree or title)				23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 4-26-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-27-57		24c. NAME OF CEMETERY OR CREMATORY Trinity Cemetery		24d. LOCATION (City, town, or county) (State) Altenburg, Missouri	
DATE REC'D BY LOCAL REG. 4-29-57		REGISTRAR'S SIGNATURE J. J. Zoller		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wallace Young*
Licensed Embalmer No. *402*

P. O. Address *Perryman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.